Background

The Inspector General (IG) directed the inspection of the Department of Health (DOH) in August 2001. Because DOH is a large agency, major components were individually inspected between August 2001 and December 2002 and a separate report on each component was subsequently issued. This report evaluates selected elements of the Emergency Health and Medical Services Administration (EHMSA). Its mission is to coordinate the delivery of high quality emergency medical and trauma care services, and to plan, implement, and direct emergency responses for DOH. EHMSA managers and staff played a key role in addressing the anthrax attacks in the District of Columbia (District) in October 2001. Prior to June 2002, EHMSA was known as the Office of Emergency Health and Medical Services and employed only six people.

Scope and Methodology

The inspection team (team) evaluated the efficiency and effectiveness of key operations according to best practices, and determined adherence to laws, regulations, and policies. The team conducted 22 interviews, reviewed numerous documents, and directly observed key work processes. The team's six findings and six corresponding recommendations are listed at Appendix 1 and were reviewed and commented upon by EHMSA and DOH senior management prior to publication. The inspection team found EHMSA and DOH management and employees cooperative and responsive throughout the inspection.

Compliance and Follow-Up

The OIG inspection process includes follow-up with inspected agencies on findings and recommendations. A compliance form for each finding, with recommendation, will be sent to the Director of the Department of Health (D/DOH) along with this Report of Inspection. The Inspections & Evaluations Division (I&E) Compliance Officer will coordinate with D/DOH and EHMSA management on verifying compliance with recommendations over an established time period. In some instances, follow-up inspection activities and additional reports may be required.

FINDINGS AND RECOMMENDATIONS

Management

EHMSA does not have a strategic plan for providing emergency medical services (EMS). (Page 9) EHMSA has received millions of dollars in federal grants to improve its EMS capabilities, but has not developed a comprehensive strategic plan for providing EMS within the District during crisis situations. Many of its operations are guided by the basic requirements imposed by federal funding rather than a plan that addresses the particular needs of the District. **Recommendation:** That D/DOH and EHMSA management give high priority to developing and publishing a comprehensive EMS plan for the District. **(Agree)**

The EHMSA staff is too small to carry out the multitude of tasks it has been assigned without working excessive overtime. (Page 11) As the State EMS office, EHMSA has multiple routine responsibilities such as emergency medical services inspection and certification programs, training for emergency response, and coordinating health and medical emergency preparedness. In April 2002, with just 6 employees, EHMSA was assigned additional responsibilities under the District Response Plan (DRP), which establishes a framework intended to ensure that District response organizations, such as Fire and Emergency Medical Services, use resources effectively in dealing with significant incidents such as severe weather events, large-scale accidents and hazardous spills, and terrorist attacks. Although the number of EHMSA employees was increased from 6 to 17 in October 2002, and now stands at 24, this number remains insufficient given its large number of tasks, and results in employees routinely working an inordinate number of overtime hours and weekends. **Recommendations:** (a.) That D/DOH and the EHMSA Administrator explore the possibility of reassigning some tasks to other DOH offices. **(Agree)** (b.) That D/DOH seek appropriated funding for a sufficient number of permanent positions so that EHMSA can carry out its DRP responsibilities without requiring excessive overtime and weekend work. **(Disagree)** OIG Response: **OIG concurs with DOH recommendation for conducting further staff analysis. However, OIG continues to recommend that D/DOH seek appropriate funding for the number of positions required to carry out EHMSA's responsibilities under the DRP in the event that current grant funding is discontinued.**

There is no quality assurance program in place to monitor and evaluate EMS operations. (Page 13) EHMSA does not monitor the status and condition of the District's EMS and, unlike neighboring State EMS offices, does not regularly publish updated, descriptive information about EMS (such as the number of providers, number of vehicles, or the number and location of trauma center). The absence of such a program prevents prompt detection of deficiencies that might delay or disrupt delivery of emergency services. **Recommendation:** That EHMSA management develop a quality assurance program that systematically reviews policies, procedures, facilities, equipment, personnel, and day-to-day operations to establish and maintain confidence in the processes used to coordinate delivery of critical emergency services to District stakeholders. **(Agree)**

EHMSA lacks sufficient written policies and procedures for its staff and operations. (Page 14) According to the EHMSA Administrator, since 1995 policies and procedures have been oral rather than written. Employees stated that the lack of written procedures forces staff to use valuable time to personally train and instruct new hires on routine tasks, and creates inconsistencies in the performance of day-to-day operations. **Recommendation:** That the EHMSA Administrator use Organization Order No. 28 as the basis for developing, in-house on a priority basis, a temporary set of written policies and procedures that govern basic day-to-day operations until a comprehensive document can be drafted and implemented. **(Agree)**

Operations

EHMSA's Basic Life Support Coordinator has established a long-needed monitoring program and tracking system to ensure timely inspection of ambulances (ground vehicles). (Page 19) ***Air ambulances, however, are operated without District oversight.*** District law

requires inspection of all government- and privately-owned ambulances to determine compliance with city licensing standards. In previous years, most ambulances were not inspected timely, or not inspected at all. A recently hired Basic Life Support Coordinator (Coordinator) has implemented an inspection program for ground ambulances that appears to satisfy the requirements of District law. However, helicopters used as air ambulances (the Washington Hospital Center's MedStar service, for example) are not owned by the District, not covered by District law or DOH regulations, and are not inspected and certified by the Coordinator. Licensing and/or certification standards for air ambulances could help to minimize safety risks for individuals who are airlifted because of accidents or medical emergencies in the District, and could ensure that private air ambulances are properly insured. **Recommendation:** That D/DOH and the EHMSA Administrator work with the Office of the Corporation Counsel to determine the need for DOH or other District oversight of aircraft used in District airspace as ambulances. **(Agree)**

INTRODUCTION

Background and Perspective

The Inspector General (IG) directed the inspection of the Department of Health (DOH) in August 2001. Because DOH is a large agency, major components were individually inspected between August 2001 and December 2002 and a separate report on each component was subsequently issued. This report evaluates the DOH Emergency Health and Medical Services Administration (EHMSA).

EHMSA was previously known as the Office of Emergency Health and Medical Services, and was reorganized as an Administration on June 4, 2002, by DOH Organization Order No. 28 (Appendix 2). Like similarly named offices in all states, EHMSA functions as the District of Columbia's (District) Emergency Medical Services (EMS) office. According to its mission statement, EHMSA "is to coordinate the delivery of emergency medical services and trauma care to residents, workers, and visitors in the District of Columbia." *See* Department of Health, Emergency Health and Medical Services Administration Website. http://dchealth.dc.gov/about/index_ehms.shtm. EHMSA enforces EMS regulations, tests and certifies EMS personnel, develops training standards, oversees training centers, inspects and licenses ambulances, and coordinates the designation and inspection of trauma centers.

EHMSA is also the DOH representative for emergency health and medical services under the District Response Plan (DRP), developed in 2002 (Appendix 3). The DRP is based on the Federal Response Plan[1] and provides a framework for District government entities to respond to public emergencies in the metropolitan Washington area. It also provides a unified structure to ensure effective and coordinated emergency response operations in the District. EHMSA staffs the DOH Command Center and provides a DOH representative to the Emergency Operations Center at the District's Emergency Management Agency (EMA) during large-scale public events and public emergencies. Many employees are on call to respond to emergencies 24 hours a day.

EHMSA acts as liaison between DOH and municipal public safety agencies, private emergency medical service providers, and medical institutions. It interacts with federal government agencies such as the U.S. Public Health Service, the Federal Emergency Management Agency, the FBI, the U.S. Secret Service, and others.

Scope and Methodology

Prior to the start of the inspection, the OIG inspection team (team) met with the EHMSA Acting Administrator to discuss areas of particular concern to her. She stated that prior to the anthrax attacks in October 2001, she had no hope of receiving additional resources or more staff members. After those attacks, however, the rapid increase in federal grant funding created planning challenges, such as managing a significantly larger organization of approximately 50 employees (from six employees), and adapting to a DOH office reorganization and relocation for the fifth time since 1995.

[1] The Federal Response Plan establishes a process and structure for the systematic, coordinated, and effective delivery of federal assistance to address the consequences of any major disaster or emergency declared under the Robert T. Stafford Disaster Relief and Emergency Assistance Act.

The team evaluated EHMSA's management of planning, procedures, personnel, workloads, and quality assurance; oversight of ambulance operations; and efficiency, as measured against standards set by DOH and EHMSA management and best practices.

The team conducted 22 interviews, reviewed numerous documents, directly observed work processes, and inspected selected work areas. A list of the team's 6 findings and 6 recommendations are provided at Appendix 1.

Compliance and Follow-Up

The OIG inspection process includes follow-up with inspected agencies on findings and recommendations. A compliance form for each finding with recommendations will be sent to the Director of Department of Health (D/DOH) along with this Report of Inspection. The I&E Compliance Officer will coordinate with the D/DOH and EHMSA management on verifying compliance with recommendations over an established time period. In some instances, follow-up inspection activities and additional reports may be required.

Findings and Recommendations:

MANAGEMENT

As the District's EMS office, EHMSA is responsible for administering EMS certification programs for emergency medical technicians and paramedics, inspections of government and private ambulances, and coordinating public health related emergency responses by the District's EMS system. EHMSA shares EMS responsibilities with the District of Columbia Fire and EMS (FEMS) and the Emergency Management Agency (EMA).

1. <u>EHMSA does not have a comprehensive strategic plan for providing emergency medical services to District residents during large-scale emergencies</u>.

EHMSA was an Office in DOH until June 2002 when it was expanded to an Administration. It is now under the supervision of the Senior Deputy Director for Primary Care, Medical Planning, and Medical Affairs. EHMSA's operations are overseen by three Mayoral Advisory Committees: the Mayor's Emergency Medical Services Advisory Committee, the Mayor's Bio-terrorism Preparedness and Response Program Advisory Committee, and the Mayor's Hospital Bio-terrorism Preparedness Planning Advisory Committee.

From 1995 to 2001, EHMSA's yearly budget was less than $500,000 each year. However, following the anthrax attacks in 2001, EHMSA began receiving approximately $12 million in federal grants to be spread over a 3-year period from FY 2002 through FY 2004. In addition, EHMSA received $15 million from the Department of Defense (DOD) to address threats of bio-terrorism. The DOD funds are tied to specific objectives and requirements for adhering to federally designated EMS priorities. Despite this significant increase in funding, EHMSA has not developed a comprehensive strategic plan for providing emergency medical services to the city during crisis situations. Such a plan is mandated by DOH Organization Order No. 28 (Appendix 2) which established EHMSA. Much of EHMSA operations and planning apparently is guided primarily by the basic requirements of the federal funding it receives, rather than by a comprehensive plan that also addresses the particular needs of the District.

In contrast, EMS boards in Maryland and Pennsylvania have developed plans based upon a report entitled *EMS Agenda for the Future* (Appendix 4) funded by the federal National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). The report establishes 14 "EMS attributes" that serve as guidance for planning, budgeting, monitoring, and treatment in a community-based healthcare system.

Recommendation:

That D/DOH and EHMSA management give the highest priority to developing and publishing a comprehensive strategic EMS plan for the District, and consider using the NHTSA report as a guide to accomplishing this objective.

Agree **X** Disagree _____

Department of Health's comments regarding Recommendation as received:

DOH/EHMSA agrees that it is important to develop a comprehensive strategic plan. However, DOH/EHMSA has not embarked on the development of a strategic plan specifically based on the *EMS Agenda for the Future* report funded by the National Highway Traffic Safety Administration (NHTSA) and the Health Resources and Services Administration (HRSA). In light of the above, EHMSA recommends that funds be immediately identified and allocated to contract this scope of work.

In the interim, under the Emergency Health Management, Training and Program Planning Support Contract with The CNA Corporation (CNAC) (June 2003 – December 31, 2003), EHMSA's subject matter experts have participated in the development of the following EMS "final draft" deliverables *(assessments, reviews and updates to existing plans, new plan/procedures and exercises of plans):*

- SARS Health Hazard Risk Assessment
- Review and Comments on the "The Continuity of Operations Plan" *(COOP)*
- Review and Comments on the Emergency Support Functions (ESF-8) of the District Response Plan (DRP)
- A Call Center Consolidation Feasibility Assessment
- A Call Center Operations Plan for the Existing Call Center
- A Training Needs Assessment and a Comprehensive Training Plan
- Updated Bio-Terrorism Plan
- Updated Strategic National Stockpile (SNS) Plan
- Strategic National Stockpile (SNS) Exercise testing Stockpile Access and Distribution *(Conducted October 4, 2003)*
- Mass Casualty Table Top Exercise testing Surge Capacity *(Scheduled – December 2003)*
- Crisis Communication, Education and Information Plan

Two additional deliverables scheduled for completion by December 31, 2003, include:

- Communications System Processes, Procedures and a Test Plan
- Incident Management Standard Operating Procedures (IMSOPs) *(For all Emergency Health Support Functions that are consistent throughout D.C. Government in order to ensure the capability to direct, control, and coordinate response and recover operations)*

2. Additional responsibilities assigned to EHMSA under the District Response Plan strain its small staff.

As the State EMS office, EHMSA has multiple routine responsibilities, including administering EMS inspection and certification programs; providing training for emergency response; planning and coordinating health and medical emergency preparedness, early detection and monitoring of potential emergencies at large-scale events such as public protest demonstrations; and providing bio-terrorism scientists to work with DOH.

In addition, EHMSA is the DOH representative for emergency health and medical services under the District Response Plan (DRP) developed in April 2002. EHMSA's DRP responsibilities are listed under Emergency Support Function (ESF) #8 and include 19 specific functional areas, as well as the staffing and operation of medical command posts during special events and emergencies.[2]

EHMSA Responsibilities under the District Response Plan (DRP)

Item	FUNCTIONAL AREA	Item	FUNCTIONAL AREA
1	Needs assessment	11	Reception of the NPS
2	Medical care personnel	12	Security services at health & medical facilities
3	In-hospital care	13	Health/medical equipment & supplies
4	Patient tracking	14	Radiological, chemical, and biological hazards consultation
5	Worker/health safety	15	Health surveillance
6	Mental healthcare	16	Patient evacuation
7	Public health information	17	Food, drug, and medical device safety
8	Potable water/wastewater	18	Fatality management
9	Veterinary services and animal control	19	Vector control
10	Decontamination		

EHMSA not only administers and coordinates EMS services comparable to other EMS offices, but also implements EMS inspection and certification programs that some state offices, such as Pennsylvania, do not.

The large number of tasks assigned to EHMSA as the State EMS office and as a DOH representative under the DRP have severely taxed personnel resources. In April 2002, EHMSA had 6 employees. This number was increased to 17 in October 2002, and according to the EHMSA Administrator, to 24 employees as of July 2003. Employees stated that despite these increases, however, they are still required to work an excessive number of extra hours and weekends because the large number of tasks assigned to EHMSA far exceed the ability of the staff to complete its work within a normal, 40-hour workweek. Although the additional

[2] DOH is designated as the primary District agency responsible for DRP Essential Support Function #8, which establishes a coordinated and effective approach to providing health and medical assistance immediately following a public emergency that affects routine health and medical services.

employees have enabled some improvement in EHMSA's ability to carry out basic functions, such as conducting ambulance inspections, the EHMSA Administrator noted that EHMSA actually needs as many as 35 employees to reduce the need for routine overtime and weekend work.

The EHMSA Administrator stated that the prospects for further staff increases are not good because only 3 of EHMSA's 24 positions are permanent positions funded by appropriated District funds, and there is a freeze on new hires. The other 21 positions are funded by grants from the Centers for Disease Control (CDC), and while this funding appears to be certain through FY 2004, long-term funding by means of federal grants is never a certainty. Currently, there is no grant money available to hire additional employees. The EHMSA Administrator noted that if the CDC grants end, EHMSA would be left with only the three positions funded by the District government.

Recommendations:

a. That D/DOH and the EHMSA administrator review the responsibilities, workload, and staffing of EHMSA, and explore the possibility of temporarily or permanently reassigning some tasks to other DOH areas in order to reduce the number of additional work hours now routinely required of EHMSA employees.

Agree **X** Disagree _____

Department of Health's comments regarding Recommendation as received:

DOH concurs with this recommendation. However, it should be noted that emergency preparedness funding has been received which has enabled DOH/EHMSA to establish, recruit and hire several positions. The filling of these positions has resulted in a reduction in the use of overtime. As of FY 2004 the position authority has increased from 6 to more than 40 FTE's.

b. That D/DOH seek appropriated funding for the number of positions required to carry out EHMSA's responsibilities under the DRP without requiring excessive overtime, and to end sole reliance on federal grants to fund the majority of the positions within the administration.

Agree _____ Disagree **X**

Department of Health's comments regarding Recommendation as received:

Prior to seeking funding for a sufficient number of permanent positions, DOH/EHMSA recommends conducting further staffing analysis to determine the current distribution of work in accordance with the mandated staffing needs of the day-to-day and emergency operational functions.

OIG Response:

OIG concurs with DOH recommendation for conducting further staff analysis. However, OIG continues to recommend that D/DOH seek appropriate funding for the number of positions required to carry out EHMSA's responsibilities under the DRP in the event that current grant funding is discontinued.

3. <u>There is no quality assurance program in place to monitor and evaluate State EMS operations</u>.

One of the 14 attributes proposed by NHTSA for State EMS programs is an evaluation of system performance to ensure that the EMS program efficiently contributes to improving the health of a community. Such evaluations are important in determining trends, establishing benchmarks for improvement, and developing realistic budget proposals.

EHMSA is not monitoring the status and condition of the District's EMS, and unlike EMS offices in neighboring states, does not regularly publish updated, descriptive information about EMS such as the number of providers and vehicles or the number and location of trauma centers. The absence of a quality assurance program inhibits prompt detection of deficiencies that might delay or disrupt delivery of services that meet customer needs and expectations. In addition, it is difficult for management to identify, document, and review for improvement EHMSA mission activities that, by their nature, are critical to the health and safety of District residents, visitors, and workers.

Recommendation:

That EHMSA management develop a quality assurance program that requires review of the agency's policies, procedures, facilities, equipment, personnel, and day-to-day operations systematically and on a continuing basis. This review is essential in order to establish and maintain confidence in the processes used by EHMSA to coordinate delivery of critical emergency services to District stakeholders.

Agree **X** Disagree _____

Department of Health's comments regarding Recommendation as received:

In June 2003, the DOH/EHMSA entered into an Emergency Health Management Training and Program Planning Support Contract with CNAC. There are several deliverables that address the review of current policies, procedures and guidelines and development.

- Plan documentation process and development
- Direction, control and coordination of incident management guidelines
- Emergency response and operations
- Administrative operations and streamlining
- Resource management and inventory control

In addition, as part of the CDC and HRSA grant guidelines, DOH/EHMSA is implementing a funding and expenditure tracking system and a continuous quality improvement and evaluation program to ensure program objectives.

4. <u>EHMSA lacks sufficient written policies and procedures for its staff and operations</u>.

DOH Organization Order No. 28 § IV.A.3. (Appendix 2) states that the EMHSA Administrator is responsible for "the development of policies, procedures and standards necessary to ensure the capacity of DOH to respond to natural and man-made disasters and other health emergencies including those involving Weapons of Mass Destruction (WMD), especially incidents of bioterrorism."

The EHMSA Administrator stated that polices and procedures have been oral since her tenure began in 1995. She also stated that she has submitted a management support contract to the D.C. Office of Personnel for assistance in developing a set of written policies and procedures that will address EHMSA responsibilities and program functions. Staff members stated that the lack of written procedures forces employees to set aside valuable time to personally train and provide instructions to new hires on routine tasks that might otherwise be learned independently. The reliance on oral policies and procedures also increases the likelihood of errors in EHMSA operations.

Recommendation:

That the EHMSA Administrator use Organization Order No. 28 as the basis for developing in-house, on a priority basis, a temporary set of written policies and procedures that govern basic day-to-day operations until a comprehensive document can be drafted and implemented.

Agree **X** Disagree _____

Department of Health's comments regarding Recommendation as received:

Given the expanded staff, diverse makeup of staff and the expanded mission, DOH/EHMSA agrees with the recommendation and has made significant inroads toward developing and implementing written policies and procedures for its staff and operations.

In June 2003, the DOH/EHMSA entered into an Emergency Health Management, Training and Program Planning Support Contract with The CNA Corporation (CNAC). The preponderance of tasks included development and/or updating various staff and emergency operations plans and policies and procedures. The contracting period was originally scheduled from *June 2003 to September 30, 2003*. During this period, CNAC, with input from EHMSA's subject matter experts, submitted the overwhelming majority of the contracted deliverables in "final draft" to DOH-EHMSA for technical review and feedback.

However, due to the rigorous day-to-day operation of EHMSA, coupled with unforeseen emergency incidents including *"Hurricane Isabel*" and the *"Ballou High School Mercury Emergency", and* planning for a major *Emergency Healthcare Reserve Corps Inaugural Conference*, and *Strategic National Stockpile* (SNS) full-scale exercise, *CNAC requested and DOH-EHMSA granted a 90-day contract extension to December 31, 2003.* The extension will afford DOH-EHMSA's subject matter experts an opportunity for quality review and feedback to CNAC on the "final draft" deliverables.

Notwithstanding, CNAC made significant strides toward completing the fifteen task orders yielding approximately twenty-three deliverables. CNAC projects to complete all task orders and deliverables within the contract extension. Figure 1: *Summary Matrix of Task Orders, Deliverables and Timelines* presented below*,* gives a detailed outline of the composition of the comprehensive policies, plans and procedures that are either in *final draft* or *final* form and/or under development:

Figure 1
Summary Matrix of Task Orders, Deliverables and Timelines

DOH-EHMSA / CNAC TASK ORDER PRIORITIES	DELIVERABLES AND SUBMISSION TIMELINE
Program Management **Develop Policies and Procedures** - Financial Management and Purchasing	Preliminary Analysis (8/29/03) Diagnostic Evaluation (9/26/03) Policies & Procedures (12/15/03)
- Personnel Hiring	Final Draft – (11/7/03)
- Employee Handbook	Final Draft – (11/7/03)
- Information Systems and Communication Equipment	Final Draft – (11/7/03)
- Vehicles and Equipment Use	Final Draft – (11/7/03)
Law and Authorities - Legislative Review -Statutes, Rules and Regulations	Final Draft – (8/15/03)
- Legislative/Regulatory Support *(Duration of contract)*	(Provided upon request)
SARS Health Hazard Risk Assessment	Final Draft – (8/8/03)
Hazard Vulnerability Analysis	(Tabled)
Resource Management - Develop an Emergency Resources Inventory	Incomplete Final Draft – (8/28/03)*****
- Develop a Consolidated Emergency Resources Tracking System	Incomplete Final Draft - (8/28/03)*****
Health Planning Assessment	(No Deliverables)
Emergency Management Plans/Annexes - Review DOH-EHMSA's Continuity of Operations Plan *(COOP)*	Final Draft – (8/5/03)
- Update of the Emergency Support Functions (ESF) 8 of the D.C. Response Plan *(DRP*)	Final Draft - (8/5/03)
Develop a Documentation and Control Process for EHMSA Emergency Health Plans	Final Draft – (November 2003) (TBD)*****
Direction, Control and Coordination - Develop Incident Management SOPs for Emergency Health Support Functions	Final Draft – (December 2003) (TBD)*****
Emergency Information Operations - Develop a Communications System Processes, Procedures and Test Plan	Final Draft –(November 2003) (TBD)*****
- Develop a Communications and Electronics Operations Instruction (CEOI) Manual (Manual already exist)	(Cancelled by EHMSA)
Operations and Procedures - Conduct a Call Center Consolidation Feasibility Assessment.	Final Draft – (8/28/03)
- Develop a Call Center Operations Plan for the Existing EHMSA Call Center.	Final Draft - (9/30/03)
Training - Conduct a Training Needs Assessment - Develop a Comprehensive Training Program/plan.	Final Draft – (8/28/03) Final Draft – (8/28/03)
Update Plans and Conduct Exercises - Update the Bio-Terrorism Plan	Final Draft – (8/1/03)
- Update the Strategic National Stockpile Plan	Final Draft – ((8/19/03)
- Conduct an SNS Exercise Testing Stockpile Access and Distribution	Exercise Date – (10/04/03)

- Conduct a Mass Casualty Table Top Exercise Testing Surge Capacity	Exercise Date– (December 2003) (TBD)*
Develop a Crisis Communication, Public Education and Information Plan	Final Draft – (9/30/03)
Administrative and Quick Turnaround - Provide advice and answers to the day-to-day needs of EHMSA's operations.	(Provided upon request)

******Pending further instructions/feedback/scheduling from DOH-EHMSA.*

Findings and Recommendations:

OPERATIONS

5. EHMSA's improved ambulance inspection and licensing program appears to be managed efficiently and in compliance with District regulations.

Title 29 of the DCMR (Appendix 5) requires that all government- and privately-owned ambulances that operate in the District undergo at least two unscheduled inspections per year to determine compliance with licensing standards. 29 DCMR § 501.9. Ambulances without a valid license are forbidden from operating in the District, and regulations mandate a fine and/or imprisonment for those who violate its provisions. *Id.* § 500.5.

In December 2001, OIG issued a Management Alert Report (MAR 002-I-003, Appendix 6) to Ivan C. A. Walks, then Director of Department of Health, and Ronnie Few, then Chief, FEMS, stating that none of the ambulances being operated by FEMS at that time had a current inspection and license as required by District law. The MAR recommended that: (a) DOH and FEMS coordinate efforts to inspect all ambulances immediately; and (b) both departments develop a plan to ensure that inspection and licensing of ambulances take place in accordance with the provisions of Title 29 and related DOH and FEMS policies and procedures. In response to the MAR, DOH stated that it would establish a position to manage Basic Life Support programs; develop an inspection program and database to track inspection dates and conduct timely inspections; and work with FEMS to conduct staggered inspections to ensure that all ambulances are not due for inspection at the same time. FEMS responded that, among other things, it would increase checks on ambulance inspection stickers, send notifications on re-inspections a month in advance, and notify DOH about all new ambulances that need inspection and licensing prior to use (Appendix 6).

Interviews and a review of documents provided by EHMSA show that a Basic Life Support Coordinator position was established and is functioning satisfactorily. The Coordinator has developed an inspection schedule for both District-owned and private ambulances, and uses a computer database to track inspection dates and activities. In order to schedule an ambulance inspection, the Coordinator works in conjunction with an FEMS officer who oversees maintenance of the District's ambulances. Together, they ensure that only inspected units are used for emergency services. According to the Coordinator, as of this Report, 8 of the 82 FEMS ambulances are scheduled for inspection, and 3 of the 41 commercial units have not been inspected. The Coordinator also stated that he solicits verification from FEMS that ambulances without a current inspection and license are not placed into service until those requirements have been met.

Recommendation: None.

6. <u>Air ambulances operate in the District airspace without District government inspection or oversight</u>.

DCMR Title 29 defines an ambulance as:

> **Any privately or publicly owned vehicle specially designed, constructed, modified, or equipped for use as a means for transporting persons in an emergency; or any privately or publicly owned vehicle that is advertised, marked, or in any way held out as a vehicle for the transportation of persons in an emergency.**

29 DCMR § 599.1.

Thus far, DOH has not interpreted this definition as including helicopters used for emergency medical transport, and there are no regulations for the licensing, inspection, and certification of air ambulances. The District government does not own helicopters that are used to transport patients during medical emergencies. Helicopters that routinely serve as air ambulances in District air space are operated by the Washington Hospital Center's MEDSTAR program and the Park Police. EHMSA does not license, inspect, or certify these aircraft and their medical and safety equipment. Licensing and/or certification standards for air ambulances could help to minimize safety risks for individuals who are airlifted because of accidents or medical emergencies in the District, and could ensure that private air ambulances are properly insured.

Recommendation:

That the EHMSA Administrator collaborate with the Office of the Corporation Counsel to review the legal sufficiency of existing laws, policies, and procedures regarding ambulances to ensure that District government interests are protected when air ambulances operate in District airspace.

Agree **X** Disagree _____

Department of Health's comments regarding Recommendation as received:

DOH/EHMSA agrees with the recommendation and further recommends that the air ambulances be incorporated into the same system used to improve the inspection, licensing and overall compliance program of ground ambulances, thus bringing all ambulance systems into compliance when operating in District airspace.

In the interim, under the DOH-EHMSA contract with the CNAC, one task order included *Law and Authorities*. In this task order, the contractor conducted a legislative review of statutes, rules and regulations. (See **Figure 2**: *Law and Authorities)*

Figure 2

Law and Authorities

Law and Authorities - Legislative Review -Statutes, Rules and Regulations	Final Draft – (8/15/03)

The submitted "final draft" deliverable entitled, *"Comments on the District of Columbia Emergency Response Codes"* provided the requested authority tree and a description of each authority and areas, comments and recommendations for consideration in strengthening DOH's authority in the event of a public health emergency. Topical areas included:

1. Availability of information: Does the Department of Health have the statutory authority to obtain the information needed to evaluate the public's health?
2. EMS Ambulance Licensure, Paramedic Certification, and Extra Jurisdictional Health Care Providers.
3. Quarantine and Isolation
4. Emergency Closure Procedures

Appendix A: Summary of District of Columbia Code Provisions Related to Emergency Planning and Response Operations. (33 Code Provisions)
Appendix B: Authority Tree (Virginia, Maryland, District of Columbia)
Appendix C: Multi-State Emergency Management Assistance Compact
Appendix D: Draft Memo to Ava Greene Davenport
Appendix E: National Capital Region Public Health Emergency Authorities (Virginia, Maryland, District of Columbia)

While this review may not specifically address the questions raised in the OIG report regarding air ambulances, it is recommended that these statues be reviewed to ensure that District government interests are protected when air ambulances operate in District airspace.

APPENDICES